

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

<b>Attorney Docket Number</b>	CA106US
<b>First Named Inventor</b>	Michael F. Arguello
<b>COMPLETE IF KNOWN</b>	
<b>Application Number</b>	
<b>Filing Date</b>	January 10, 2002
<b>Art Unit</b>	
<b>Examiner Name</b>	

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Employee Transfer And Leave Optimization Processor

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

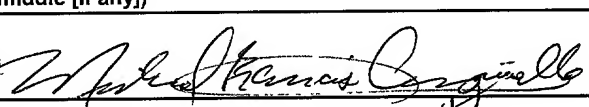
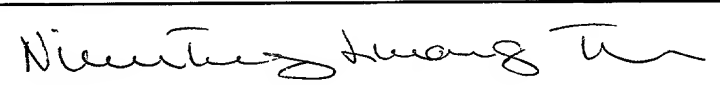
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/>		Correspondence address below	
Name <b>Gerald E. Lester</b>							
Address <b>Law Office</b>							
22107 Fielder Dr.							
City <b>Katy</b>				State <b>Tx</b>		ZIP <b>77450</b>	
Country <b>U.S.</b>		Telephone <b>281-392-8288</b>				Fax <b>281-392-2850</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <b>Michael Francis</b> (first and middle [if any])				Family Name <b>Arguello</b> or Surname			
Inventor's Signature 						Date <b>1/10/02</b>	
Residence: City <b>Austin</b>		State <b>TX</b>		Country <b>U.S.</b>		Citizenship <b>U.S.</b>	
Mailing Address <b>1509 Norris</b>							
City <b>Austin</b>		State <b>TX</b>		ZIP <b>78704</b>		Country <b>U.S.</b>	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <b>Niem-Trung Luong</b> (first and middle [if any])				Family Name <b>Tra</b> or Surname			
Inventor's Signature 						Date <b>1/10/02</b>	
Residence: City <b>Austin</b>		State <b>TX</b>		Country <b>U.S.</b>		Citizenship <b>U.S.</b>	
Mailing Address <b>8938 Whitworth Loop</b>							
City <b>Austin</b>		State <b>TX</b>		ZIP <b>78749</b>		Country <b>U.S.</b>	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	1/10/02
First Named Inventor	Michael F. Arguello
Title	Employee Transfer Agent**
Group Art Unit	
Examiner Name	
Attorney Docket Number	CA106US

### \*\*Leave Optimization Processor

I hereby appoint:

☐ Practitioners at Customer Number  → 

Place Customer  
Number Bar Code  
Label here

  
**OR**

☒ Practitioner(s) named below:

Name	Registration Number
Gerald E. Lester	27697

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

**OR**

☐ Practitioners at Customer Number  → 

Place Customer  
Number Bar Code  
Label here

**OR**

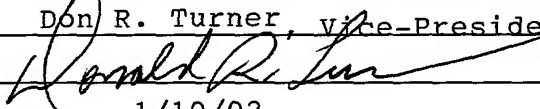
<input checked="" type="checkbox"/> Firm or Individual Name	Gerald E. Lester				
Address	22107 Fielder Dr.				
Address					
City	Katy	State	TX	Zip	77450
Country	U.S.				
Telephone	281-392-8288	Fax	281-392-2850		

I am the:

☒ Applicant/Inventor. CALEB Technologies Corp.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Don R. Turner, Vice-President & CFO
Signature	
Date	1/10/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.